Connecticut Coalition of Advanced Practice Nurses
American College of Nurse-Midwives (ACNM), Region I, Chapter 2
Connecticut Advanced Practice Registered Nurses Society (CTAPRNS)
Connecticut Association of Nurse Anesthetists (CANA)
Connecticut Nurses' Association (CNA)
Connecticut Chapter of the American Psychiatric Nurses Association (APNA-CT)
National Association of Pediatric Nurse Practitioners (NAPNAP), Connecticut Chapter
The Northwest Nurse Practitioner Group

PUBLIC HEALTH COMMITTEE PUBLIC HEARING – MARCH 16, 2015

SUPPORT OF COMMITTEE BILL No.257 AAC REPORTING OF PAYMENTS BY MANUFACTURERES TO INDEPENDENTLY-PRACTICING ADVANCED PRACTICE REGISTERED NURSES

LYNN RAPSILBER, MSN, ANP-BC, APRN, FAANP; CHAIR, CT COALITION OF ADVANCED PRACTICE NURSES.

Senator Gerratana, Representative Ritter, Representative Srinivasan, Senator Markley, and Members of the Public Health Committee:

I am Lynn Rapsilber, nurse practitioner and Chair of the CT Coalition of Advanced Practice Nurses, 4,279 of whom are licensed in the state. We understand the manufacturers have an implementation problem covering all licensed CT APRNs. This bill reduces that number apparently making it feasible to implement and to that extent we support the legislation to solve an immediate implementation problem. We'd like to note, however, for the record, this is not a request of the APRN community which supports the intent of the original legislation to cover all licensed autonomous APRN prescribers.

If I may, I'd like to take a couple of minutes to bring your attention to a very serious problem. **Proposed Bill No. 6289 AA Allowing APRNs To Sign Various State-required Health Forms**, has not been raised but was intended to address a Do Not Resuscitate (DNR) issue. This has been a serious problem for APRNs and their patients since 1999, however, it has become an urgent matter because more and more patients are recognizing end of life rights and requesting a DNR regime – a non-aggressive approach to care for terminally ill patients. Since 1999, when all supervision and oversight was removed from APRN practice in CT many statutes have not been updated to include APRN practice. Where a signature, often that of a Primary Care Provider, is required by the state, the statute usually states "physician" and not "Primary Care Provider" or "or APRN", making it illegal for APRNs to sign hundreds of required forms. In 2012 the General Assembly did pass legislation amending 20 such statutes to include APRN signatures, but there are hundreds in need of being updated to allow APRNs to meet their patients' needs and DNR statutes are among those. Where it says "physician" it should include APRN and thus recognize the APRN license to legally establish DNR status for a patient. This would avoid the unacceptable current situation of sending dying patients, against their will to the hospital or ER to get aggressive measures.

Such happens in Nursing Homes. For example, at 3:00AM a patient who has a designation of a "full code" takes a turn for the worse and although all medical advice and patient wishes are for palliative care still the

attending APRN cannot sign to change the code to status DNR and follow written medical advice and patient and family wishes. The APRN has no choice but to require such patient be transferred, against wishes, to the hospital. This is happening in nursing homes where there are many seriously ill patients and change of medical status can occur quickly. APRNS are frequently the attending primary care provider and must act ethically even if not in the best interest of the dying patient.

This situation also occurs in the community, anywhere APRNs are practicing. Patients who, given all medical advice and proper consultations, request and are in sudden need of DNR status and APRNs, because they cannot legally sign, have no ethical choice but to have such patient transported, even though ill advised, to the ER or hospital. Sometimes this is resolved by placing a burden on a MD colleague, if available, to see the patient and sign, but he/she does not know the patient and has ethical issues getting involved. This legal dilemma has the effect of denying patient rights to some while granting such rights to others. It also creates an unwanted use of expensive care.

These situations have tremendous physical and mental adverse effects on both patient and families. It is really a moral dilemma that can be easily reversed by updating the necessary statutes to include the APRN signature. The current situation poses an ethical and moral contradiction for practicing APRNs to deny patient's rights to their dying patients. For these reasons, we see this as an urgent need for those in need of end of life rights.

This is a technical matter of recognizing Primary Care Providers who did not exist when statutes were written.

Thank you for allowing time for these comments. I would be happy to answer any questions and to work with the Committee to address this patient issue.